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RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2612

03500.014008

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of: | |) | |
|--------------------------|--------------------|---|----------------------|
| | •• | : | Examiner: J. Wilson |
| Masakazu MATSUGU, ET AL. | |) | |
| | | : | Group Art Unit: 2612 |
| Appln. No.: 09/435,774 | |) | |
| | | : | |
| Filed: November 8, 1999 | |) | |
| | | : | |
| For: | IMAGE PROCESSING |) | May 2, 2005 |
| | APPARATUS, IMAGE | : | |
| | PROCESSING METHOD, |) | |
| | AND STORAGE MEDIUM | : | |

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the final Office Action dated March 8, 2005, please amend the application as indicated below.

This response is being submitted within two months of the mailing date of the final Office Action.

PTO/SB/17 (12-04)

| 2015 Sunder the Paperwo | PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number | | | | | | | | | |
|--|--|--------------|----------------------|-------------------------|---------------------------|---------------------------|--|--|--|--|
| nder the Paperwo | Effective on 12/08/2004. | | | Complete if Known | | | | | | |
| Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2005 | | | Application Number | | | 09/435,774 | | | | |
| | | | Filing Date | | November 8, 1999 | | | | | |
| | | | First Named Inventor | | Masa | Masakazu MATSUGU, et al. | | | | |
| Applicant claims small entity status. See 37 C.F.R. 1.27 | | | Examiner Name | | J. Wilson | | | | | |
| | | | Art Unit | | | 2612 03500.014008. | | | | |
| | TOTAL / MICONI CT / AMILIA | | | | | | | | | |
| | NT (check all that apply) | | | | | | | | | |
| Check | | oney Order L | None | | ner (please ident | | | | | |
| Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | |
| Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card | | | | | | | | | | |
| FEE CALCULATION | UII (III F 1 O-2030. | · | | | | | | | | |
| 1. BASIC FILING, SE | ARCH, AND EXAMINATION | N FEES | | | | | | | | |
| | FILING FEES Small Entity | SEAR | CH FEES Small Entity | EXA | MINATION FEE Small Entity | S | | | | |
| Application Type | Fee (\$) Fee (\$) | Fee (\$) | | Fee(| | Fees Paid (\$) | | | | |
| Utility | 300 150 | 500 | 250 | 200 | | | | | | |
| Design Plant | 200 100 200 100 | 100 300 | 50 150 | 130 160 | _ | | | | | |
| Reissue | 300 150 | 500 | 250 | 60 | | | | | | |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee(\$) Fee(\$) 25 25 100 360 180 | | | | | | | | | | |
| Total Claims | Extra Claims Fee (\$) | Fee Pai | d (\$) | Multip | le Dependent Clai | ms_ | | | | |
| 24 - 84 | = x | = | | <u>Fe</u> | ee(\$) <u>F</u> | ee Paid (\$) | | | | |
| HP = highest number of total claims paid for, if greater than 20 Indep. Claims | | | | | | | | | | |
| | | | | | | | | | | |
| 20 - 26 = x = HP = highest number of independent claims paid for, if greater than 3 | | | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | | |
| 100 = / 50 = (round up to a whole number) x = | | | | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | |
| Other: | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | |
| Signature | / S/11/1 | | | ration No. ey/Agent) | 36,570 | Telephone 202-530-1010 | | | | |
| Name (Print/Type) | Brian L. Klock | | | | Date: May 2, 2005 | | | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patamark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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